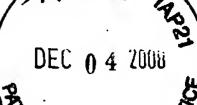
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

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Authorized Signature

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Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

ELIZABETH BELL (Depositor's name) 1510.00 OP (Sigmoure) 02 FC:1504 300.00 OP (Date) APPLICATION NO. ATTORNEY DOCKET NO. FILING DATE CONFIRMATION NO. FIRST NAMED INVENTOR **SEPTEMBER 17, 2003** 10/664,247 DIANE K. STEWART F118B 3740 TITLE OF INVENTION: PHOTOLITHOGRAPHY MASK REPAIR TOTAL FEE(S) DUE APPLN. TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** DATE DUE NONPROVISIONAL NO \$1,810.00 JANUARY 14, 2009 \$1,510.00 \$300.00 EXAMINER **ART UNIT** CLASS-SUBCLASS STEPHEN D. ROSASCO 1795 430-005000 Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363). 1 SCHEINBERG & GRINER, LLP (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 MICHAEL O. SCHEINBERG "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 3\_ROBERT MCMINN Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) FLBASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) HILLSBORO, OR FEI COMPANY Individual Corporation or other private group entity Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. ☑ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to ☐ Advance Order - # of Copies \_\_\_ Deposit Account Number Change in Entity Status (from status indicated above) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria (22313-1450). Alexandria, Virginia 22313-1450.

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